

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/945367

Original  
7-2-04

## CLAIMS AS AMENDED - PART II

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| AMENDMENT   | (Column 1)                       |       | (Column 2)                         |   | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR |   | PRESENT EXTRA |
| Total   | * 35                             | Minus | ** 36                              | = | φ             |
| Independent   | * 5                              | Minus | *** 5                              | = | φ             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |   |               |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                |    | X\$ 18=          |                |
| X43=             |                | OR | X86=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| AMENDMENT   | (Column 1)                       |       | (Column 2)                         |   | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR |   | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | = |               |
| Independent   | *                                | Minus | ***                                | = |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |   |               |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ =            |                |    | X\$ =            |                |
| X =              |                | OR | X =              |                |
| + =              |                | OR | + =              |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| AMENDMENT   | (Column 1)                       |       | (Column 2)                         |   | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR |   | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | = |               |
| Independent   | *                                | Minus | ***                                | = |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |   |               |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ =            |                |    | X\$ =            |                |
| X =              |                | OR | X =              |                |
| + =              |                | OR | + =              |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| AMENDMENT   | (Column 1)                       |       | (Column 2)                         |   | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR |   | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | = |               |
| Independent   | *                                | Minus | ***                                | = |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |   |               |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ =            |                |    | X\$ =            |                |
| X =              |                | OR | X =              |                |
| + =              |                | OR | + =              |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |